

FIG. 1



166

RETAIL PHARMACY A				
NURSING HOME Z: PROZAC				
9/1/2000-9/30/2000				
	150	152	154	156
REPORT SUMMARY	#RX	NEW	REFILLS	AMOUNT
REPORT TOTALS	8	1	7	420
NEW RX TOTALS	1	1		30
REFILL TOTALS	7		7	390
PATIENTS: JOHN SMITH, JOHN DOE, JOHN JOHNSON, JOHN JONES, JANE SMITH, JANE DOE, JANE JOHNSON, JANE JONES				

158  
160  
162  
164

FIG. 2A

166

RETAIL PHARMACY B				
NURSING HOME Y: PROZAC				
9/1/2000-9/30/2000				
	150	152	154	156
REPORT SUMMARY	#RX	NEW	REFILLS	AMOUNT
REPORT TOTALS	4	2	2	80
NEW RX TOTALS	2	2		30
REFILL TOTALS	2		2	50
PATIENTS: BILL SMITH, BRIAN JOHNSON, MARY JONES, MARTHA ADAMS				

158  
160  
162  
164

FIG. 2B

PHYSICIANS ORDER SHEET		
ORDER REVIEWED BY: <u>NURSE SMITH</u>		FACILITY: NURSING HOME Z DATE REVIEWED: <u>9/30/2000</u>
MEDICATIONS	HRS.	PHYSICIANS ORDERS
PROZAC 20 mg TAB -ONE TABLET BY MOUTH DAILY <u>6/10/2000</u>	6 AM	DIET: NO CONCENTRATED SWEETS *HYPERTENSION FOUND  RECAPPED: 9/30 NURSE SMITH, RN
PREVACID 15 mg CAP -TWO CAPS BY MOOUTH DAILY <u>6/10/2000</u>	7 AM	
PAXIL 20 mg TAB -ONE TAB BY MOUTH DAILY <u>6/10/2000</u>	9 AM	
		PHARMACIST REVIEW COMPLETED: <input type="checkbox"/> NO APPARENT IRREGULARITIES FOUND <input type="checkbox"/> REFER TO CONSULTANT REVIEW FORM SIGNATURE: _____ DATE: _____
		FROM: 9/1/2000 THRU 9/30/2000
		ATTENDING PHYSICIAN: DR. JONES SIGNATURE: <u>Dr. Jones</u> DATE: <u>9/30/2000</u>
		GENERIC EQUIVALENTS MAY BE USED UNLESS THE ORDER IS SPECIFICALLY FOLLOWED BY THE NOTATION: USE NO SUBSTITUTES
		PATIENT: PATIENT 1 MEDICAID #: _____ ADMIST #: _____ MEDICARE #: _____ ADMIT DATE: _____ AGE: _____ SEX: _____ BIRTH DATE: _____

FIG. 3



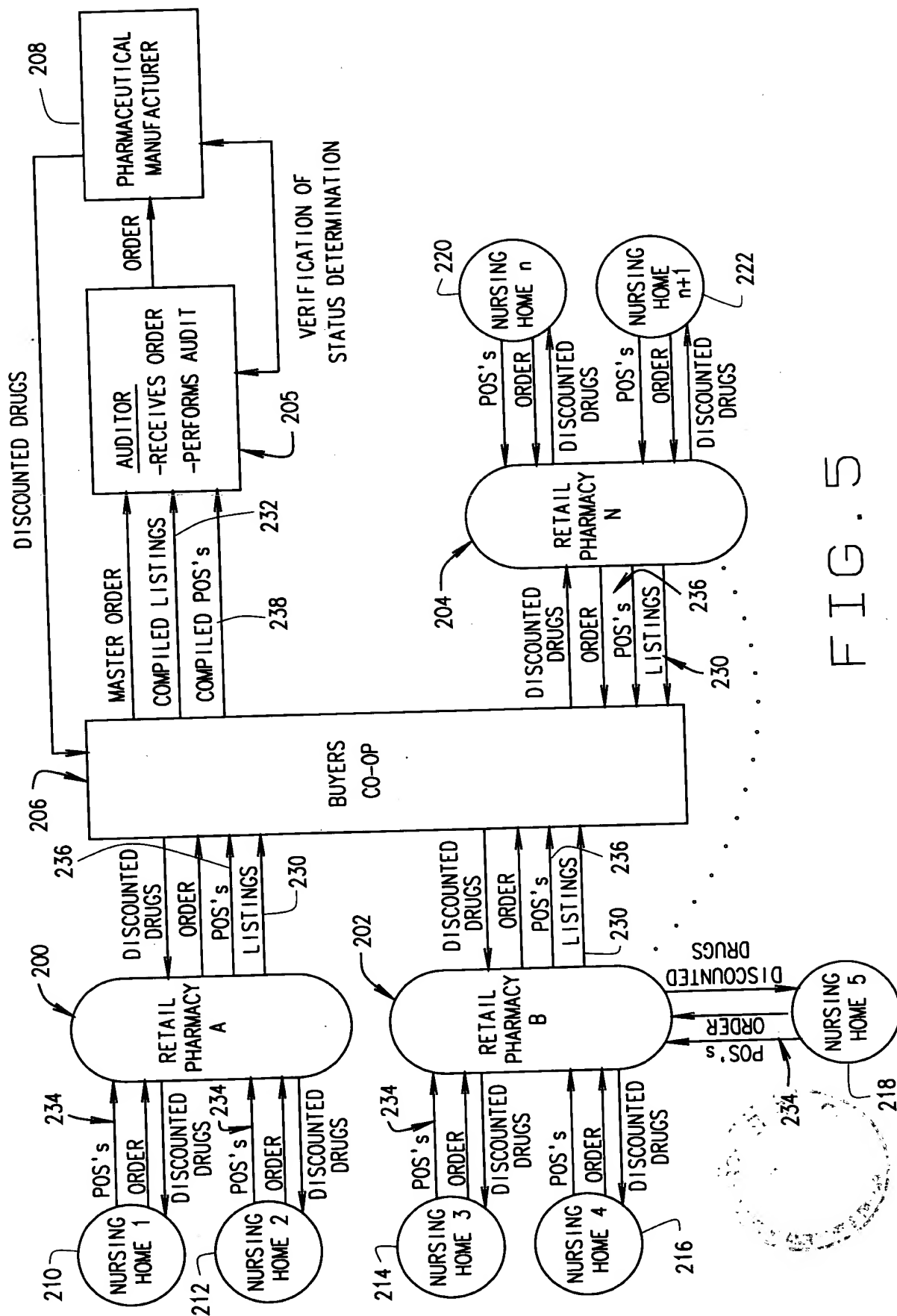


FIG. 5

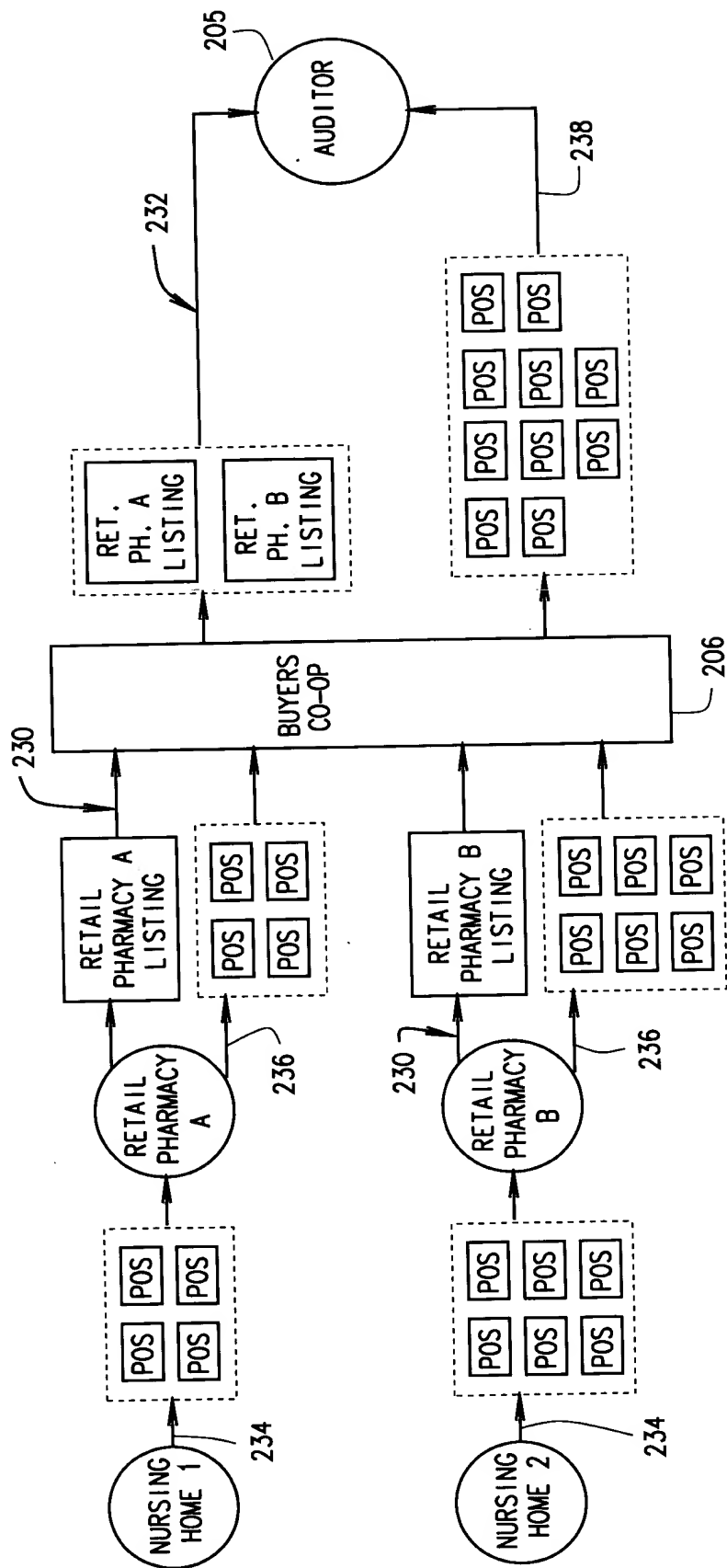


FIG. 6



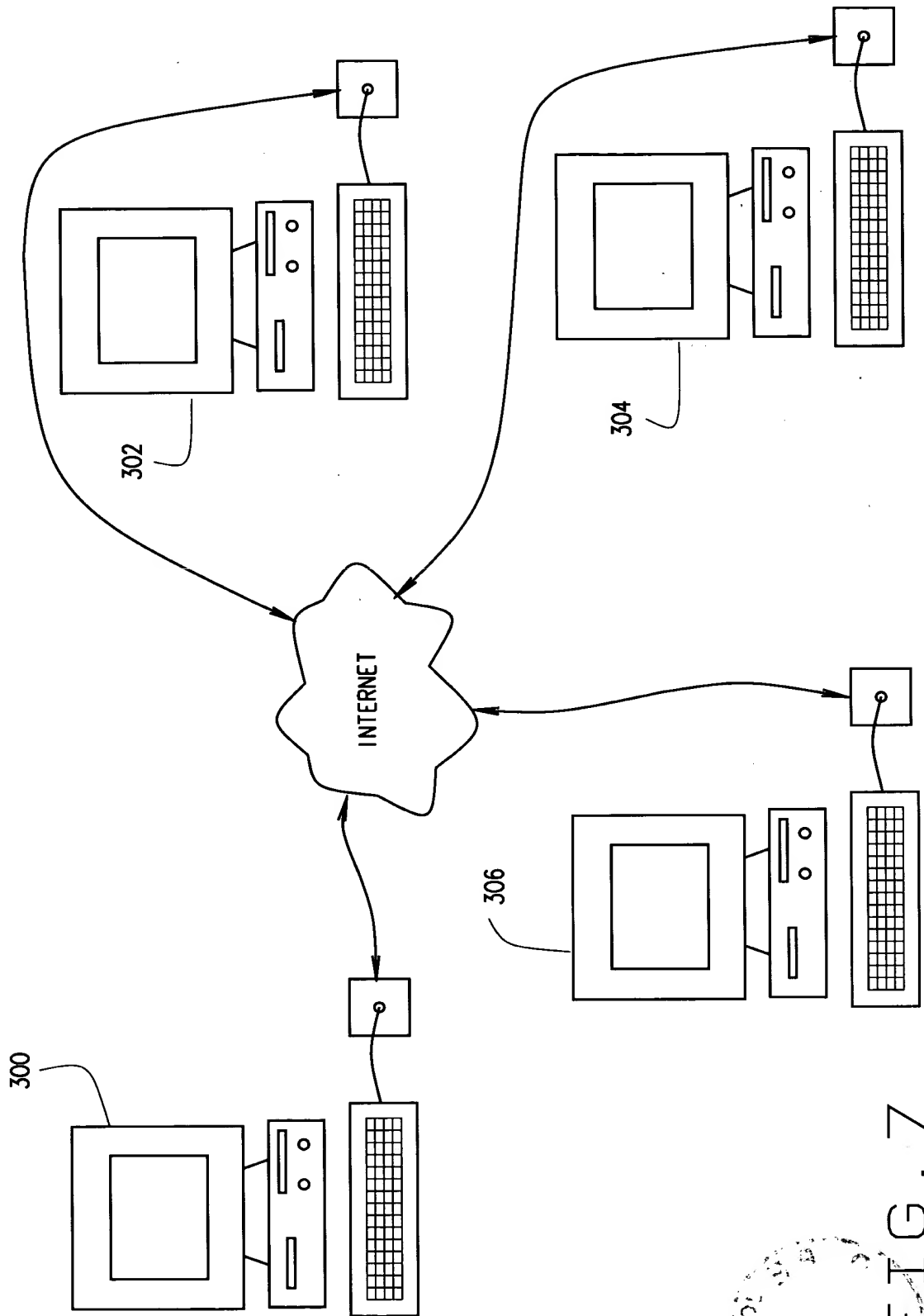


FIG. 7

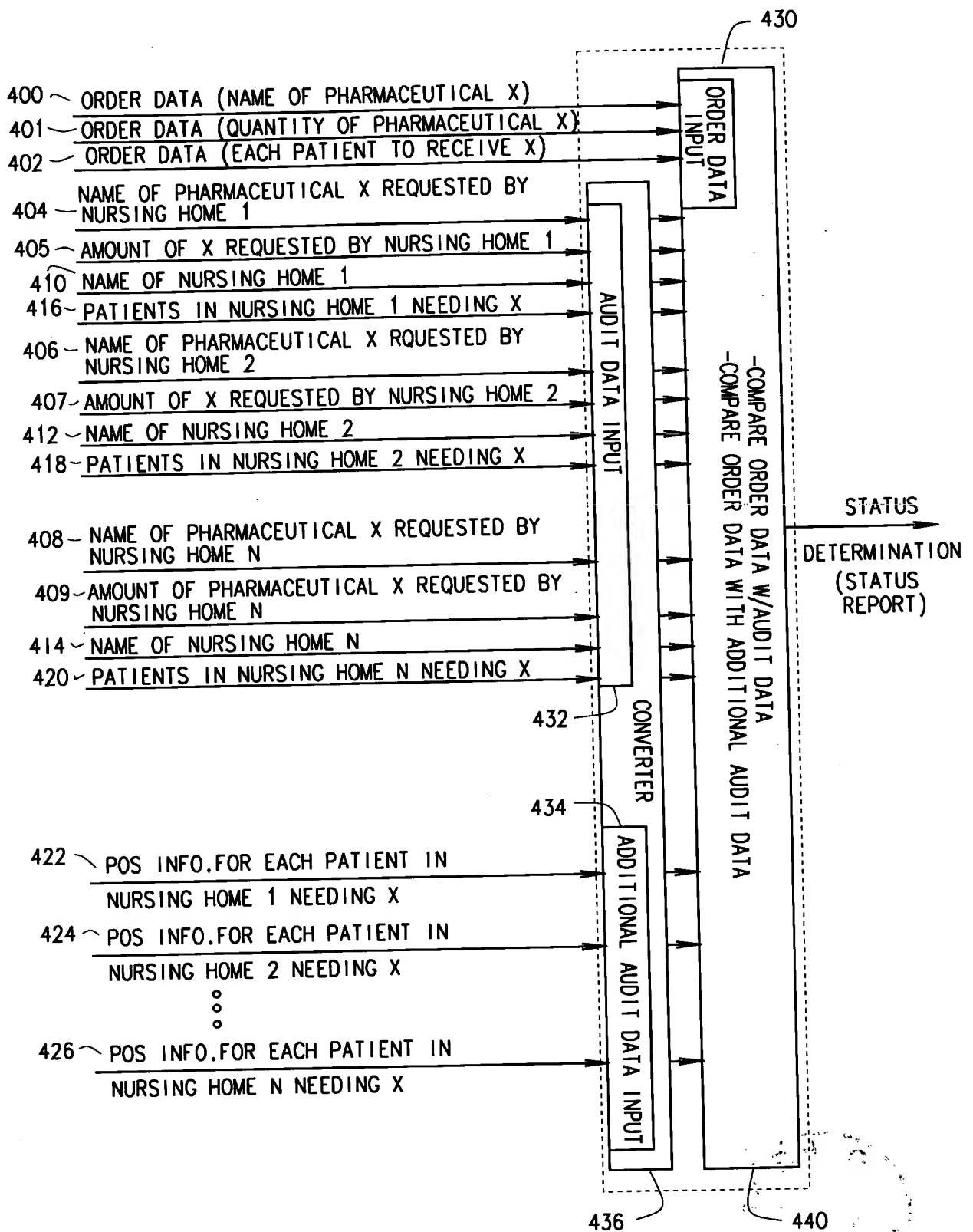


FIG. 8



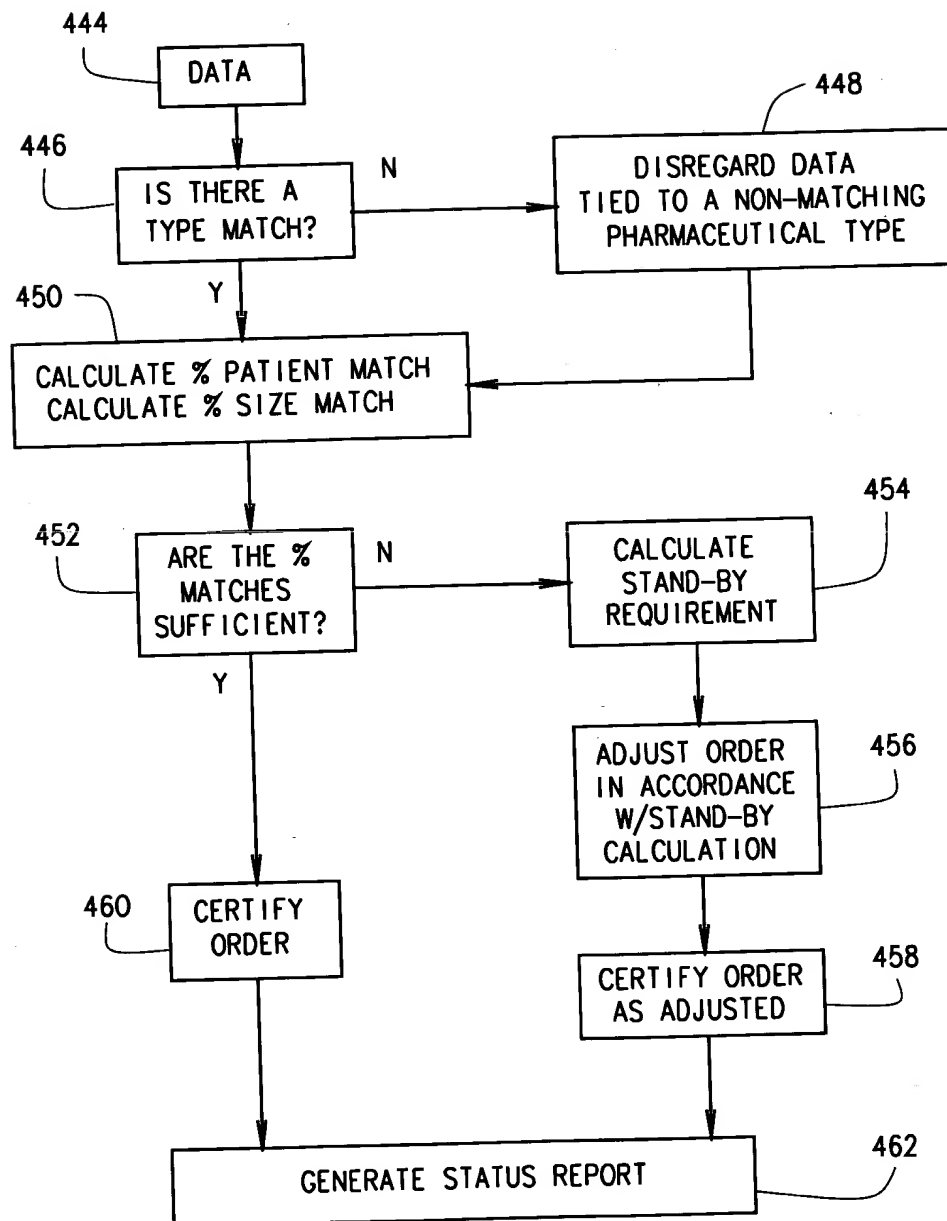


FIG. 9



500

502

BUYER	CO-OP ABC
DRUG	PROZAC
QUANTITY	500
RECIPIENTS	NURSING HOME Y, NURSING HOME Z

504

506

508

NURSING HOME Z	
PATIENTS	AMT.
JOHN SMITH	50
JOHN DOE	70
JOHN JOHNSON	60
JOHN JONES	50
JANE SMITH	60
JANE DOE	30
JANE JOHNSON	50
JANE JONES	50
TOTALS:	8 420

NURSING HOME Y	
PATIENTS	AMT.
BILL SMITH	10
BRIAN JOHNSON	20
MARY JONES	30
MARTHA ADAMS	20
TOTALS:	4 80

510

512

514

STATUS :	CERTIFIED	ADJUSTMENT :	NONE
% MATCHES :	SIZE-100% PATIENT-100%	STAND-BY REQUIREMENT:	—

FIG. 10

